ARIZONA STAT	TE BOARD OF HEALTH	51.125
STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS BUREAU OF THE CENSUS	F VITAL STATISTICS State File No	COO
	i Uine: Registrar's No. Column 65 3 4	41.0
(d) Length of Stay: In Hospital or Institution (Specify whether years, months or days) (If outside city limits also write RURAL) (St. & No. (or) Name of Institution) (St. & No. (or) Name of Institution)		
2. Usual Residence of Deceased: (a) State 111 120110		
116K 2m2	(If outside city limits also	Write DIDAT
3. (a) FULL NAME Gatriel Andrade Reyes	(b) If veteran ; (e) If foreign form in H. S. A.	yra,
	name war NONE Steelity No.	none
4. Sex 5. Color or Race 6. (a) Single, married, widowed male Mexican inclined	MEDICAL CERTIFICATION	write the word)
6. (c) Name of husband REFULS 18 N. Neyes or wife it alive	20. DATE OF DEATH (Month, day and year)	19.5
T 1	TIME (Hour and minute)	(YJ KIM
(Month) (Day) (Year)	21. I hereby certify that I attended the deceased from to to the to the total attended the deceased from to the total attended the deceased from to the total attended the deceased from the total attended the total attended the total attended the total attended the deceased from the total attended the total attende	3, 1742
8. AGE: Years Months Days If less than one day 45 Ars	that I last saw h that alive on Juay 8	19.7
9. Birthplace Santa Cruz Co. Arizona	and that death occurred on the date and hour stated above.	
(City, town or county) (State or Country)	Immediate cause of death	DURATION 2
10. Usual Occupation latorer	- The structure	* weeks
11. Industry or Business County Road Work	Due praculomatais leseon in langue	
12. Name ustriel keyes	Probably The	3 months
13. Birthplace Ananelm, California (City, town or county) (State or Country)	Due to Tollowing Jane op. Jal. 1549	3mil
E 14. Maiden Name Dolores Andrade	Other conditions	***************************************
15. Birthplace California	(Include pregnancy within 3 months of death) Major findings:	
(City, town or county) (State or Country)	Of operations	PHYSICIAN
16. (a) Informant's own signature Refuge M. O. Cures	Of autopsy	Underline the cause to which death should
(b) Add de 32 ale production	2ri	be charged statistically.
17. (a) Burial, Cremetion or Removal Burial	22. If death was due to external causes, fill in the following:	
(b) Place a Churchy of (c) Day of 19 42	(a) Accident, suicide or homicide (specify)	******************************
(13. (a) Embalmer's Signature	(b) Date of occurrence.	
(b) Funeral Director The Johnson Mortuary	C) Where did injury occur?(City or Town) (County)	(State)
(c) Address Yuma, Erizona	(d) Did injury occur in or about home, on farm, in industrial place	e, in
19. (a) May / 9 4 9 (space redeived logal speciatron)	While at work?(c) Heans of his	
(b) Mary a Muhherman	23. Signature Hubert Blurges	M , D.
20M 100% Rag 9/23/40 (Hagistrar's Signature)	Address Juma. Criz Date signed	411,194

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